

The letter below is a template being provided to state and local health officials as a tool to use with Ebola contacts that can be filled in or customized based on the contact's situation. The use of the letter is at the discretion of the epidemiologist monitoring the contact in consideration of the their risk and exposures. State and local officials can modify the letter to remove those items that do not pertain to the individual contact. This letter should be completed, printed on the letterhead of the relevant health authority, and a copy of [Ebola Information for Persons in Home Quarantine](#) should be attached. Please keep a record when the letter is issued.

Letter to Ebola Contact

Date: _____

Dear _____:

You have been identified as a person who has been exposed to the Ebola virus (also known as an Ebola Contact) and therefore are at risk for developing Ebola. Ebola is a very serious communicable disease that is dangerous to the public health. It is spread through direct contact (through broken skin or the eyes, nose or mouth) with the blood or bodily fluids of a person who is sick with Ebola. Bodily fluids can include urine, saliva, feces, vomit, sweat, breast milk and semen. Ebola can also be spread by contact with sharp objects, such as needles and syringes that have been contaminated with these fluids.

Your identification as an Ebola Contact was based on a reported exposure matching one or more of the following exposure categories:

- ☐ Exposure to the blood or bodily fluids of a person with Ebola (while they had symptoms), through your skin (e.g., needle stick) or your eyes, nose or mouth
- ☐ Exposure to the blood or bodily fluids of a person with Ebola (while they had symptoms), and while you were not wearing appropriate personal protective equipment (PPE)
- ☐ Processing the blood or bodily fluids of a person with Ebola (while they had symptoms), while you were not wearing appropriate PPE or using standard biosafety precautions
- ☐ Direct contact with any dead body while you were not wearing appropriate PPE in a country with widespread Ebola transmission (Guinea, Liberia or Sierra Leone) or other country that has been designated by the Centers for Disease Control and Prevention (CDC) as presenting a risk of exposure [see [CDC](#) and [Massachusetts Department of Public Health \(DPH\)](#) guidance].
- ☐ Having lived in the immediate household of and provided direct care to a person with Ebola while the person had symptoms
- ☐ In a country with widespread Ebola transmission (Guinea, Liberia or Sierra Leone) or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) having direct contact with a person with Ebola (while the person had symptoms), even if you were wearing appropriate PPE
- ☐ In a country with widespread Ebola transmission (Guinea, Liberia or Sierra Leone) or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) having any direct patient care in other healthcare settings.

- ☐ Having close contact with a person with Ebola (while they had symptoms) in a household, healthcare facility, or the community. Close contact is defined as being within approximately three feet (one meter) of a person with Ebola for a prolonged period of time while the person had symptoms, and while you were not wearing appropriate PPE
- ☐ Having been in a country with widespread Ebola virus transmission (Guinea, Liberia or Sierra Leone) or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) within the past 21 days, even if you had no known exposures
- ☐ Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person had symptoms
- ☐ Traveled on an aircraft with a person with Ebola (while the person had symptoms)
- ☐ Other: Specify: _____

All Ebola contacts must be managed appropriately to prevent the spread of disease and protect the public. Because of this, strong measures must be taken to stop its spread. Based on your reported exposure category, DPH and your local health department are requiring that you do the following:

- ☐ **Active Monitoring:** Take your temperature twice a day using an FDA-approved thermometer [e.g. oral, tympanic (ear) or noncontact]. Report your temperature and your general state of health to DPH or your local health department on a daily basis. Immediately report any of the following symptoms: a temperature of 100.4 degrees or higher, severe headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained bleeding. DPH or your local health department will provide assistance in directing you to seek medical care safely.

Call DPH at 617-983-6800 or the local health department at this number:

Health Department _____
 Telephone Number _____
 Contact Person _____

- ☐ **Direct Active Monitoring:** Work with a monitor assigned by DPH or your local health department to visit you at least once a day to review your symptom status and take your temperature. A second follow-up per day may be conducted by telephone instead of in-person, at the discretion of your assigned public health official. While under direct active monitoring you will be asked to discuss your plans for work, travel, use of public transportation, or attendance at public gatherings such as parties, fairs, movie theaters, etc. with your monitor. These activities will be reviewed and approved based on: your compliance with direct active monitoring (including recording and reporting of a second temperature reading each day), the nature and duration of the activities and assurance that the activity will not interrupt direct active monitoring.

Assigned Monitor _____
 Monitoring Agency _____
 Telephone Number _____

- ☐ **Controlled Movement:** Refrain from any travel by long-distance commercial conveyances (e.g., aircraft, ship, bus, train) and if long-distance travel is necessary, use only noncommercial vehicles such as a private chartered flight or a private vehicle with arrangements for uninterrupted active monitoring. Use local public transportation (e.g., bus, subway) only upon discussion with and approval of DPH or your local health department.
- ☐ **Self-Quarantine:** Voluntarily separate yourself from other people to limit your potential to expose others by staying at _____. You will need to remain in self-quarantine for 21 days after your last exposure to the Ebola virus. DPH or your local public health department will tell you when your self-quarantine will be over. [Ebola Information for Persons in Home Quarantine](#) is attached to this letter and explains your responsibilities while under self-quarantine, and how you can reduce the chances of accidentally exposing any other household members to the virus.

DPH or your local health department will assist you in identifying resources to help with any household or special needs during your period of self-quarantine if needed. During your period of self-quarantine, DPH or your local health department will call you each day to see if you or anyone else in your household is sick. If someone you live with or spend time with gets sick with fever, headache, nausea, vomiting, diarrhea, or muscle pain, it is important that person's health care provider is called right away. Please also inform DPH at 617-983-6800 or your local health department at this number:

Health Department _____
Telephone Number _____
Contact Person _____

If you or someone in your household is extremely ill and need to call an ambulance, tell the operator that you are considered to be a contact of an Ebola case and are in quarantine, so that the proper precautions can be taken by the ambulance crew. Also tell the ambulance crew when they arrive.

The steps you are being required to take are recommended by the CDC. See [CDC Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure. \(Centers for Disease Prevention, Web. 16 November 2014\).](#) They are subject to change based upon your condition as well as your compliance. For more information, call your health care provider, your local health department or DPH at (617) 983-6800. More information is also available online at mass.gov/ebola.

[Name of Relevant Board of Health or Health Department]

Encl: [Ebola Information for Persons in Home Quarantine](#)

CONTACT ACKNOWLEDGEMENT and AGREEMENT

I have been notified that I have been identified by the Massachusetts Department of Public Health/ Local Board of Health/Local Health Department as a person who has been exposed to the Ebola virus (also known as an Ebola Contact) and am therefore at risk of developing Ebola.

I have been advised of the serious and immediate danger that my exposure to the Ebola virus poses to the public health if not managed appropriately to prevent the spread of the disease. I have received written guidance on what I may and may not do, as well as instructions of how to monitor my condition, and the practices I should use to reduce the risk of exposure to other people.

By my signature I agree to accept the conditions required by the Massachusetts Department of Public Health and the Local Board of Health/Local Health Department for the immediate protection of the public health. I understand that at my failure or inability to comply with this agreement can subject me to more stringent measures including court ordered quarantine.

CONTACT NAME: (Print) _____

SIGNATURE: _____

DATE: _____